

08/10/01  
JC904 U.S. PTO

08-13-01

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mike Anderson  
Docket: 40229.1USU1  
Title: TRANSPARENT MSRP LABEL

JC978 U.S. PTO  
09/27/01  
08/10/01

CERTIFICATE UNDER 37 CFR 1.10  
'Express Mail' mailing label number: EL 719667705 US  
Date of Deposit: August 10, 2001  
I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Commissioner for Patents, Washington, D.C. 20231.  
By: *Jenifer Week*  
Name: Jenifer Week

BOX PATENT APPLICATION  
Commissioner for Patents  
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 10 pgs; 43 claims; Abstract 1 pgs.  
The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ 6 sheets of formal drawings
- ☒ Small entity status is claimed pursuant to 37 CFR 1.27
- ☒ A signed Combined Declaration and Power of Attorney
- ☒ Assignment of the invention to MSRPClear, Inc., Recordation Form Cover Sheet
- ☒ A check in the amount of \$682.00 to cover the Filing Fee
- ☒ A check for \$40.00 to cover the Assignment Recording Fee.
- ☒ Return postcard

CLAIMS AS FILED

| Number of Claims Filed       |   | In Excess of: |   | Number Extra |   | Rate  |   | Fee      |
|------------------------------|---|---------------|---|--------------|---|-------|---|----------|
| Basic Filing Fee             |   |               |   |              |   |       |   | \$355.00 |
| Total Claims                 |   |               |   |              |   |       |   |          |
| 43                           | - | 20            | = | 23           | x | 9.00  | = | \$207.00 |
| Independent Claims           |   |               |   |              |   |       |   |          |
| 6                            | - | 3             | = | 3            | x | 40.00 | = | \$120.00 |
| MULTIPLE DEPENDENT CLAIM FEE |   |               |   |              |   |       |   | \$0.00   |
| TOTAL FILING FEE             |   |               |   |              |   |       |   | \$682.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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